

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225420	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2025
NAME OF PROVIDER OR SUPPLIER Center for Extended Care at Amherst		STREET ADDRESS, CITY, STATE, ZIP CODE 150 University Drive Amherst, MA 01002	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>45435</p> <p>Based on records reviewed and interviews, for one of three sampled employee personnel files, Certified Nurse Aide (CNA) #1, the Facility failed to ensure staff implemented and followed their Abuse policies related to background checks when Massachusetts Nurse Aide Registry (NAR) and Criminal Offender Record Information (CORI) checks were not conducted on CNA #1 as required, prior to employment at the facility.</p> <p>Findings include:</p> <p>Review of the Facility policy titled Abuse, Neglect, Exploitation and Misappropriation Prevention Program, undated, indicated the Facility will conduct employee background checks and not knowingly employ or otherwise engage any individual who has:</p> <ul style="list-style-type: none"> a. been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law, b. had a finding entered into the state nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property; or c. a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property. <p>Review of CNA #1's personnel file indicated CNA #1 was hired by the Facility on 12/20/20, and was a current employee.</p> <p>Further review of CNA #1's personnel file indicated that NAR and CORI checks had not been performed prior to or upon hire.</p> <p>During an interview on 04/15/25 at 12:15 P.M., the Human Resource Director said that the process for hiring new Facility staff included obtaining NAR and CORI checks prior to the start of employment. The Human Resource Director said that she had no documentation to support that NAR or CORI checks had been done on CNA #1 and that she could not speak to the hiring process that was in place prior to her employment October 2024.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 04/15/25 at 4:30 P.M., the Director of Nurses (DON) said that NAR and CORI checks should be completed on all new staff prior to employment. The DON said the Facility had no documentation to support that NAR and CORI checks had been done for CNA #1. The DON said an audit of personnel records had not been completed.</p>		